



**Town of Knightdale  
Vendor Registration Form**

Vendor Name: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Remittance Address (if different from above): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Year Established \_\_\_\_\_ Terms \_\_\_\_\_ Discount: \_\_\_\_\_

Contractors' License (if applicable): \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Brief description of business:  
\_\_\_\_\_  
\_\_\_\_\_

Website/email: \_\_\_\_\_

Signature: \_\_\_\_\_

**This application may be mailed or faxed to the following address:**

Town of Knightdale  
Attn: Purchasing  
950 Steeple Square Court  
Knightdale, NC 27545  
Fax: (919) 217-2209  
brent.quick@knightdalenc.gov

**All invoices should be mailed or faxed to the following address:**

Town of Knightdale  
Attn: Purchasing  
950 Steeple Square Court  
Knightdale, NC 27545  
Fax: (919) 217-2209  
accountspayable@knightdalenc.gov